



Client Intake Form

Pet Owner/Client Information:

Name: _____

Primary Phone Number: _____

Address: _____

Secondary Phone Number: _____

City, State, Zip: _____

Emergency Contact: _____

Email: _____

Emergency Phone Number: _____

Pet Information:

First Pet

Second Pet

Third Pet

Pet Name: _____

Pet Name: _____

Pet Name: _____

Breed: _____

Breed: _____

Breed: _____

Age/Birthdate: _____

Age/Birthdate: _____

Age/Birthdate: _____

☐ Female ☐ Male

☐ Female ☐ Male

☐ Female ☐ Male

Spay/Neuter? ☐ Yes ☐ No

Spay/Neuter? ☐ Yes ☐ No

Spay/Neuter? ☐ Yes ☐ No

Who else do you authorize to bring your pet to our facility?

#1 _____ #2 _____

Veterinarian Information:

Primary Vet Office: _____

City _____ Phone Number _____

We require your dog to be up to date on Rabies, Distemper, Parvo, Lepto, and Bordetella vaccines. We do accept titers for these vaccines as well. Please provide staff with a copy of your dog's vaccines or titers at check in. If your dog is unable to be vaccinated for a medical reason please see a staff member for further assistance.

All dogs who are currently under veterinary care for any medical condition require written consent from a licensed veterinarian prior to swimming.

Current Health Information:

Is your dog(s) on any current medications? ☐ Yes ☐ No

If yes, please explain below:



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Does your dog(s) have any known medical conditions? (I.e. seizures, food allergies etc.) [☐] Yes [☐] No

If yes, please explain below:

Has your dog(s) had any recent surgeries, injuries or illnesses we should be aware of? (I.e. ACL surgery/injury, spay/neuter, diarrhea, vomiting, etc.) [☐] Yes [☐] No

If yes, please explain below:

Assessment:

Please briefly describe your dog(s) personality:

Has your dog(s) attended a doggy daycare or played with other dogs at a dog park? [☐] Yes [☐] No

Please explain your dog(s) behavior while playing with other dogs:

Has your dog(s) ever failed a behavioral assessment or been kicked out/banned from a doggy daycare or dog park?

[☐] Yes [☐] No

If yes, please explain:

Where do you socialize your dog(s)? _____

Is your dog(s) possessive of toys... [☐] Yes [☐] Nofood? [☐] Yes [☐] No



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Has your dog(s) ever been swimming before? ☐ Yes ☐ No

If yes, please explain their behavior in and around water:

How did you hear about us?

☐ Friend Please specify so we can thank them _____

☐ Vet: _____

☐ Web search

☐ Advertising

☐ Saw Building

☐ Other: _____

Would you like to receive emails with newsletters and events from The Canine Country Club? ☐ Yes ☐ No

Note: We will not share or sell your personal information and we promise not to spam you.

Are there any other services you would like The Canine Country Club to offer? _____

I hereby certify that the above information is, to the best of my knowledge, true. I understand that it is my responsibility to notify staff of The Canine Country Club as soon as possible if any of the information stated above is no longer accurate.

Print Name _____

Sign Name _____ Date _____